

## Pan American Health Organization, 1960

The Annual Report of the Director of the Pan American Sanitary Bureau, executive agency of the Pan American Health Organization (PAHO), contains a review of the Organization's activities in 1960 in the improvement of health services, disease control and eradication, research, and professional education and training. It also covers the work of PAHO in its role of regional agency for the Americas of the World Health Organization.

In the introduction to the report, Director Abraham Horwitz calls attention to the growing recognition of the interrelationship between health and economic development:

"It would seem pointless to continue to discuss whether well-being is to be a long-term consequence of overall development accompanied by a high level of consumption, or whether it should be the concomitant of balanced economic and social growth. The first thesis disregards the rational bases of every economic system which, in principle and in practice, should aim at improving the living conditions of human beings. An economic system cannot concern itself merely with the so-called economic factors—natural resources, manpower, savings, investment, and the like; of equal importance are the physical and intellectual energy of men, their creative capacity, their spirit of cooperation and of enterprise, their sense of responsibility, and their power to produce and to consume. In our view, what must be done is to plan the production of goods and services in such a way as both to satisfy the basic needs of a growing population and to leave a sufficient surplus to be ploughed back to increase production. Seen from this viewpoint, economic development and social progress are integral parts of the same process, and they should go forward hand in hand and keep step with population growth. . . .

"The Act of Bogotá . . . summarizes the deliberations of the Third Meeting of the Special Committee to Study the Formulation of New Measures for Economic Cooperation, known as the Committee of 21, of the Organization of American States, which took place last September (1960). It relates social progress to 'conditions of rural living and land use;

housing and community facilities; educational systems and training facilities; public health; mobilization of domestic resources.' It creates a Special Fund for Social Development, whose purpose it is to 'contribute capital resources and technical assistance on flexible terms and conditions, including repayment in local currency and the relending of repaid funds in accordance with appropriate and selective criteria, in the light of the resources available, to support the efforts of the Latin American countries that are prepared to initiate or expand effective institutional improvements and to adopt measures to employ efficiently their own resources with a view to achieving greater social progress and more balanced economic growth.' . . .

"The Act of Bogotá is the crystallization of a doctrine whose enunciation by senior representatives of the governments of the continent was as opportune as it was necessary. The recognition that 'economic development programs, which should be urgently strengthened and expanded, may have a delayed effect on social welfare and that, accordingly, early measures are needed to cope with social needs' must be interpreted as a decision to give the problems affecting most of the peoples of the hemisphere the priority they have not as yet enjoyed in the economic policy of each country and in the allocation of funds."

### MAJOR ACTIVITIES IN 1960

As part of its program of activities in 1960, the Pan American Health Organization cooperated on public health administration projects with 17 Latin American governments.

In the field of environmental sanitation, the problem of insufficient, unsafe water supplies, affecting 110 million Latin Americans, was a primary target of PAHO's activities, which included consultation in waterworks design, financing, and organization. Training courses and seminars were conducted for hundreds of engineers.

Expanded nutrition programs were begun in three countries, which brought to six the number of countries in which this type of project is being carried out with the collaboration of UNICEF and the

Food and Agriculture Organization. In another six countries preliminary studies were made for similar projects to be developed next year. The main goals are to stimulate local production of food-stuffs and to improve nutrition. A noteworthy event was the development by the Institute of Nutrition of Central America and Panama of INCAPARINA, a low-cost vegetable mixture with high nutritive content, devised to prevent protein malnutrition in low-income population groups. One bag of the mixture, at a cost of approximately 3 cents, contains the necessary protein for 1 day for a preschool-age child. Its acceptance was such that agreements have been negotiated in Guatemala to produce it commercially, and similar arrangements were undertaken in El Salvador, Nicaragua, and other interested countries of the area.

Different phases of the malaria eradication program were undertaken in all those countries of the continent where the disease exists. Spraying was discontinued in large areas of Mexico, Jamaica, Surinam, and Venezuela as these areas moved on to the consolidation phase. Mosquito resistance to DDT and dieldrin presented difficulties in some areas of four countries in Central America, El Salvador in particular. Testing of new insecticides was accelerated.

The number of smallpox cases reported, 4,754, was almost the same as in 1959. They all occurred in the countries of South America, most of them in Brazil and Ecuador. PAHO is continuing to assist in large-scale immunization programs. In Colombia, at the end of 5 years of operation, more than 9 million persons had been vaccinated.

The urban vector of yellow fever, *Aedes aegypti*, was officially declared eradicated in El Salvador in 1960; Colombia and Costa Rica completed the final checks which confirmed the absence of the vector; in the United States, Arizona, New Mexico, North Carolina, and Western Texas were removed from the list of yellow-fever-receptive areas. Eighty percent of the areas in the Americas where *A. aegypti* was formerly found are now free of the mosquito.

Leprosy control was expanded in 1960. Consultants were sent to eight countries, and surveys were resumed in Bolivia, Ecuador, and Peru. Promotion of ambulatory treatment in some countries resulted in marked reduction in the use of leprosariums.

The Organization was a sponsor of the Second International Conference on Live Poliovirus Vac-

cines, held in June 1960 with financial assistance from the Sister Elizabeth Kenny Foundation. At that meeting, reports were given on large-scale field trials of live attenuated vaccine involving more than 80 million persons in 13 countries of the world. In the Americas, the Organization gave advisory services to a number of countries in vaccination programs. Live oral vaccine was given to 225,771 children in Colombia and 305,959 children in Costa Rica.

The surveillance phase of the yaws eradication program in Haiti progressed satisfactorily. The case-detection and initial-treatment stage achieved nationwide coverage in the Dominican Republic.

In the Organization's tuberculosis control activities, emphasis is shifting from mass BCG vaccination campaigns to chemotherapy and chemoprophylaxis. Surveys of tuberculosis prevalence are underway or planned for six countries.

The acute shortage of physicians and other health workers imposes a high priority on education and training. An important part of the Organization's activities has therefore always been devoted to helping countries to strengthen their training facilities for public health and auxiliary workers. In 1960, PAHO continued to assist in promoting professional education and training in medicine, public health, nursing, and related fields by providing consultation, 516 fellowships, travel grants, long-term visiting professors, and books and equipment, and by organizing surveys, seminars, and training programs.

A major expansion of research began in 1960. An important development was the agreement between the Organization and the Public Health Service for promoting studies on diseases prevalent in the Americas. Among the most noteworthy was the inter-American atherosclerosis study, a geographic investigation of the disease. Pathologists from 10 countries have begun the collection of specimens of aortas, coronary arteries, and other arterial specimens.

At the Pan American Foot-and-Mouth Disease Center in Brazil, the main emphasis is being placed on the development of a live virus vaccine. Several different research programs in nutrition are in operation at the Institute of Nutrition of Central America and Panama. Research in the fields of brucellosis, hydatidosis, rabies, bovine tuberculosis, leptospirosis, anthrax, trichinosis, and salmonellosis continued at the Pan American Zoonoses Center in Argentina.